



## How to do breast compression

1. Hold the baby with one arm supported with pillows for your comfort.
2. Hold your breast with the other hand, placing your thumb on one side of the breast, your fingers on the other close to the chest wall away from the nipple tissue. Your thumb should be lined up with your baby's nose.
3. **Watch and listen for the baby's drinking.**
4. When baby is nibbling at the breast and no longer drinking with the "open mouth, wide pause, then close mouth" type suck, compress the breast to squirt some milk into baby's mouth. Compressions should be comfortable. With the compression, the baby should start drinking again. **If baby starts to cough stop compressing, the milk is flowing too fast.**
5. Continue on the first side until the baby does not drink even with compressions. Break a latch, burp your baby and offer the second side.

Sometimes babies are sucking at the breast but not drinking milk. Breast compressions are used to help the milk flow into baby's mouth so they are drinking mom's milk. Drinking (open mouth, wide pause, then close mouth type suck and hearing baby make swallow sound) means baby got a mouthful of milk. If baby rests for a long time with mom's nipple in their mouth, breast compressions will get them drinking again and mom's breast will get softer. Compressions will help moms have a letdown which is when her milk starts to flow out her nipple tissue.

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### Use breast compressions when:

- Poor weight gain in the baby
- Fussiness (colic) in the breastfed baby
- Frequent feedings (more than 12 in 24 hours) and/or long feedings (greater than 1 hour)
- Sore nipples
- Blocked ducts and/or repeated mastitis
- Baby stops suckling at the breast soon after they latch. Baby will be actively suckling at the breast when your milk is flowing.

Breast compression is not needed if nursing is going well. Mothers should allow the baby to “finish” feeding on the first side, burp their baby and **offer the other side**. Baby is done with first breast when they pause for longer and longer and breast compressions don’t make them suckle more.

**Breast compressions work very well in the first few days to help the baby get more colostrum.** Colostrum is the first thick milk, small volume but lots of nutrients. It may be useful to know that:

- A baby who is **latched deeply** gets milk more easily than one who is not. A bad latch can lead to sore or cracked nipples, fussy baby who doesn’t rest after feeding, and/or a baby that is breastfeeding for many hours.
- In the first 3-6 weeks of life, many babies tend to fall asleep at the breast when the flow of milk is slow, **not necessarily** when they have had enough to eat and **not because they are lazy or want to pacify**.

#### Reference:

Breast Compression, February 2009;  
Dr. Jack Newman, MD, FRCPC, IBCLC and  
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